OUR MISSION

To improve the health of women, children, and their communities around the world

WellShare International

WellShare International will be the new organizational name of Minnesota International Health Volunteers as of January 1, 2010. After 30 years, we are changing our name to reflect the evolution of our organization. In working to “improve the health of women, children and their communities around the world,” we recognize and honor our past, celebrate the present, and step boldly into our vision for the future.

Just as in the past 30 years, we will continue to design, implement, and evaluate community-based health programs around the world. We currently have health programs in Uganda and Tanzania and since 2002 have been working on refugee and immigrant health issues in the United States.

Our new, simple and distinct WellShare logo represents the vital relationship between the health services we provide at the village and community levels, and the larger health system. This symbolic bridge represents the connection between our international and domestic programs, and the critical link between the support of our highly valued community partners and the meaningful outcomes of our work.

A WellShare community health worker works with a member of the Young Achievers, a Somali Youth Group on developing a nutrition public service announcement.

Front Cover Photo: Catharine Hurley
A Traditional Birth Attendant tracks maternal and newborn outcomes on a village pregnancy register in Karatu District, Tanzania

Photo: Nick Giuliani
From the President of the Board & Executive Director

We celebrated many milestones in 2009 — friends and colleagues were reconnected at our 30th anniversary event and in early December we unveiled our new name, WellShare international.

Some 2009 highlights include completion of a strategic plan with the Community Health Worker Peer Network; receiving national attention for our innovative Somali child spacing public service announcement; working with Somali youth to create a poetry book and a video on HIV/AIDS; providing critical breast and cervical cancer outreach in Greater Minnesota; building the capacity of community groups in Uganda on HIV/AIDS, family planning and malaria prevention; opening successful “Healthy Mothers/Healthy Babies” Centers in Tanzania; reaching out to Somali elders on mental health issues; and conducting groundbreaking work with indigenous groups such as the Kiiraqw as well as the Hadzabe, the last hunter and gathering tribe in Tanzania.

As we finish 2009 and start a new chapter in 2010 we begin with a new organizational name, while recommitting to our existing mission, vision, and values. We never lose sight of the women, children, and communities that are at the core of our mission and always strive to deliver high quality, innovative work. Today we ask for your continued support, particularly in these challenging times. Please visit our new website as of January 1, 2010 at www.wellshareinternational.org.

Thank you again for your ongoing involvement and investment in our work.

With best regards,

Diana DuBois, MPH, MIA
Executive Director

Michael Shannon, MD
Board President
Community Health Workers
The unique and pivotal role of the CHW

“CHWs represent an important health resource whose potential in providing and extending a reasonable level of health care to underserved populations must be fully tapped.”

Gilson et al., 1989

WellShare International reconfirms its mission and vision, it also renews its commitment to community health workers (CHWs) whose passion, knowledge, creativity and dedication are at the heart of its work.

History. Since 1979, WellShare International has educated over 4,000 CHWs. This training provides CHWs with tools needed to deliver targeted, culturally suitable health education and services to individuals, families and communities, both domestically and internationally. WellShare International-trained health workers based in Uganda and Tanzania have collaborated with local populations on issues related to childbirth, HIV/AIDS prevention, nutrition, family planning, and malaria prevention. Since 2002, the organization has transferred lessons learned from its international work to local initiatives targeted to Somali populations in Minnesota.
Role. As members of the communities they serve, CHWs are uniquely positioned to bridge the gap between community members and the healthcare system. CHWs provide an integral link, facilitating communication between community members and clinicians and assisting vulnerable populations to better access the healthcare system. CHWs help their communities understand and participate in preventive care, and ultimately improve health outcomes.

Support. CHWs balance their role in the local community with their responsibilities outlined in formal health systems. Best practices established around CHW programming include realistic expectations, careful planning, and substantial support for training, management, and supervision.

Future. The size, structure and diversity of the world population increasingly necessitates a broader range of health service responses. The role of the CHW has become, and will continue to be, central to the delivery of quality care for remote and underserved individuals, families and communities. As we move forward, WellShare International will continue to invest in the innovative CHW model, providing the leadership, support and resources required to sustain and develop this critical work.
Wellshare's Community Health Workers work across all of our programs and respond to the needs of each community. Read their stories below.

TANZANIA

Benedicta Baha is a maternal advocate and traditional birth attendant in the small Tanzanian village of Kainam Rhotia. Benedicta assists Survive and Thrive groups of young mothers to learn about important health issues including safe delivery and postnatal care, breastfeeding, child spacing/family planning and the prevention of sexually transmitted diseases. These health lessons are communicated while the women work as a team to generate household income through activities like tailoring, agriculture work and small animal husbandry. The mothers use the income to buy essential items such as food, soap, and clothing and to provide health care for their children. Benedicta encourages members to be an example for other women in the community, to become “guides” for their friends and family.

With the nearest health facility an approximate 3-hour walk away and roads nearly impassable during the rainy season, Benedicta is called upon to assist women, especially young unmarried women, at all hours of the day and night. Through her work with WellShare International, Benedicta has become aware of the benefits to families have a plan for the birth of a child to reduce the risks involved in pregnancy and delivery.

UNITED STATES

Abdiwali Mohamed is a WellShare community health worker who works in the Minneapolis Somali community. Abdiwali helps clients navigate through the health care system to meet their specific needs. He works on two different
programs: The Somali Elders’ Connections Project and the Somali Child Spacing Program. His responsibilities include conducting home visits, leading elders in exercise classes, helping community members fill out public-assistance forms and conducting child spacing outreach in coffee shops and Somali malls. Of all of his accomplishments, Abdiwali is most proud of his work with the Somali Child Spacing Program, through which he has reached out and discussed child spacing issues with more than 175 Somali men.

Abdiwali loves serving as a community health worker because it allows him the flexibility to work and attend school. (He hopes one day to obtain a Masters degree in Public Health.) He also appreciates how the information he gains on a daily basis extends to everyone around him. “As a community health worker, you gain a lot of knowledge,” he says, “which you can then pass along to your family and your community.”

UGANDA

Ayite Matata is a community medicine distributor who works with 13 parishes. Ayite is involved in many activities in her community, including mobilizing resources for malaria control and promoting awareness of malaria symptoms, prevention and treatment. In addition, Ayite works on maternal and newborn health issues.

During the 2009 Malaria Awareness Day, Ayite stood out in her brightly colored community medicine distributor t-shirt, presenting bed nets to participants who answered malaria-related questions correctly. Ayite demonstrated the process of hanging a net and using it effectively.

Over her years of serving as a community health worker, Ayite has seen a significant improvement in how babies are delivered. Mothers now go for antenatal care and deliver in health facilities. Ayite estimates that 45% of the women now go to hospitals for delivery services and postnatal care.
2009 Programs
- Center for Somali Health
- CreateCommUNITY Community Health Worker Project (St. Cloud)
- Healthy Connections Project–CommonBond Communities, Inc.
- Minnesota Community Health Workers’ Peer Network
- Somali Child Spacing Program
- Somali Health Care Initiative
- Somali Tobacco Research Project
- Somali TV Project
- Somali Women’s Breast Cancer Project
- Tanzania Child Survival Project
- Uganda Child Spacing Project
- Uganda Malaria Communities Partnership
- Uganda Partnering for Positive Livelihoods Program

Financial Summary

Fiscal Year 2008 Revenue
- Government Grants ............... 62%
- Foundation and Corporate Grants .. 29%
- In-kind & Individual Contributions. . 7%
- Earned & Other Income............. 2%

Fiscal Year 2008 Expenses
- International Program Services.... 52%
- Domestic Program Services ....... 29%
- Administration .................... 17%
- Fundraising ......................... 2%
# Financial Summary

## Statement of Activities

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>2008 Total</th>
<th>2007 Total</th>
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<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Individual Donations</td>
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<td>Foundation Grants</td>
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<td>498,988</td>
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<td>Government Grants</td>
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<td>Other Income</td>
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<td>45,013</td>
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<tr>
<td>In-kind Contributions</td>
<td>105,728</td>
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<td>Released from restrictions</td>
<td>393,261</td>
<td>(393,261)</td>
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<td>—</td>
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<tr>
<td><strong>Total Revenue</strong></td>
<td>$1,903,948</td>
<td>$143,905</td>
<td>$2,047,853</td>
<td>$1,514,517</td>
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</tbody>
</table>

|                      |              |                        |            |            |
| **Expenses**         |              |                        |            |            |
| Program Services     |              |                        |            |            |
| Domestic projects    | $549,447     | —                      | $549,447   | $705,454   |
| International Projects| 991,667     | —                      | 991,667    | 665,146    |
| **Total Program Services** | 1,541,114 | — | 1,541,114 | 1,370,600 |

|                      |              |                        |            |            |
| Supporting Services  |              |                        |            |            |
| Administration       | 346,700      | —                      | 346,700    | 248,451    |
| Fundraising          | 24,345       | —                      | 24,345     | 32,026     |
| **Total Supporting Services** | 371,045 | — | 371,045 | 280,477 |

| **Total Expenses**   | $1,912,159   | 0                      | $1,912,159 | $1,651,077 |

|                      |              |                        |            |            |
| Change in net assets | (8,211)      | 143,905                | 135,694    | (136,560)  |
| Beginning net assets | 203,111      | 338,971                | 542,082    | 678,642    |
| Ending net assets    | $194,900     | $482,876               | $677,776   | $542,082   |

## Statement of Financial Position

|                      |              |                        |            |            |
| **Assets**           |              |                        |            |            |
| Current Assets       | $780,538     | $602,011               |            |            |
| Fixtures & Equipment (Net) | 88,916 | 98,641 |
| **Total Assets**     | $869,454     | $700,652               |            |            |

| **Liabilities**      |              |                        |            |            |
| Current Liabilities  | $183,031     | $146,419               |            |            |
| Lease – long term    | 8,647        | 12,151                 |            |            |

| **Net Assets**       |              |                        |            |            |
| Unrestricted         | 194,900      | 203,111                |            |            |
| Temporarily Restricted| 482,876     | 338,971                |            |            |
| **Total Liabilities & Net Assets** | $869,454 | $700,652 |

*All figures from 2008 independent audit*
Donors

Many thanks to these generous supporters of WellShare International’s work from November 22, 2008 to November 10, 2009

Foundation and Organizational Support
- Aid for Africa
- American Society for Quality
- Blue Cross and Blue Shield of Minnesota Foundation
- The Bush Foundation
- Central Minnesota Community Foundation - Create CommUNITY
- ClearWay Minnesota
- CommonBond Communities
- Community Development Block Grant - City of Minneapolis
- Community Shares of Minnesota
- Echo Minnesota/Egal Shidad: Stories of Somali Health
- Eliminating Health Disparities Initiative - Minnesota Department of Health
- Emma B. Howe Memorial Foundation
- Family Planning Special Projects – Minnesota Department of Health
- Greater Twin Cities United Way
- HealthPartners Research Foundation
- Hennepin County Human Services Health Promotion
- The International Foundation
- Jay and Rose Phillips Family Foundation
- The Lafferty Family Charitable Foundation
- McPherson Graphics
- Medtronic Foundation
- Metro Sales Incorporated
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- Nordlys Foundation
- Northwest Area Foundation
- Otto Bremer Foundation
- Park Nicollet Foundation
- Scandia Foundation
- The Stull Family Foundation
- Susan G. Komen for the Cure - Minnesota Affiliate
- Ten Thousand Villages
- Thompson Family Foundation
- University of Minnesota Valley Community Presbyterian Church
- United States Agency for International Development (USAID)

Global Ambassadors ($1000 and up)
- Frank W. Babka
- Loren and Barbara Braun
- Andrew and Sherilyn Burgdorf
- Laura J. Duckett
- Paul Erdahl
- Thomas Gilliam and Pamela Martin
- Lawrence and Sylvia Leinberger
- Philip and Madeleine Lowry
- Andrew and Laura Ozolins
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- Paul and Gail Terry

Global Advocates ($500-$999)
- Lisa Agate
- Anonymous (1)
- Daryl Beadle
- Vernon Burglund
- Winston Cavert and Carol Witte
- Lois Dirksen
- Diana DuBois and Doug Nethercut
- Phillip and Sandra Edwardson
- Jonathan Lindfors and Kathleen Bryant
- Deane and Nancy Manolis
- Tom and Marti Windram

Community Partners ($300-$499)
- Mark Brakke
- Michelle and Davide Ferrari
- Dean and Janet Lund

Community Advocates ($150-$299)
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- Michael and Jane Brodie
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- James and Margaret Chresand
- Paul and Ruth Erickson
- Frederick and Mary Goetz
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- John and Babby Schwarz
- Stephen and Susan Shakman
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- Thomas Thul
- Hakon Torjesen and Karen Olness
- Judith Zier

Community Providers (up to $149)
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- Richard J. Andrews
- Anonymous (3)
- Charles Barbarisi
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Doris Thompson
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Sandra Buffington in
honor of R. O. and
Sandra Buffington
Barbara Bunte
Susan Dicker
Leroy and Loretta DuBois
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Diane Harder
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Jessica Barth
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Jennifer Bentley
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Olive Buhule
Emily Buress
Deborah Caselton
Emily Delaney
Hannah Emple
Margherita Ghiselli
Kimara Glaser-Kirschenbaum
Emilie Hedlund
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Sylvia Nakate
Joy Namunoga
Natalia Nazarewicz
Rachel Nethercut
Sophie Nethercut
Joan Patterson
Kimberly Pruett, MD
Brenda Senyana
Sarah Sevick
Sweta Shrestha
Des’ree Tesire
David Upjohn
Laura Windram

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Al Vento Restaurant
Allegra Print and Imaging
James G. Anderson
Betsy Bowen
Philip Bowen
Canadian Physicians for
Aid and Relief
Chai Bora Tea Company
Diana DuBois
Phillip and Sandra
Edwardson
Laura Ehrlich
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Kowalski’s
Ann Lumry
Shirley Lumry
Jolene Mullins
National Bank of
Commerce Tanzania
Olive Salon
Carol Payne
Dr. Brooke Anderson and
Dr. Robert O. Saunders
Serengeti Breweries
Michael Shannon, MD
Songas
Mark and Denise Stahura
Ann Tisel
Token Media
Treadle Yard Goods
Uganda Malaria
Communities Partnership
WellShare International
Staff
WellShare CSO Partners
WellShare’s Survive and
Thrive Members/
Tanzania
Zara Tours
Help Support the Work of WellShare’s CHWs

*Designate your tax-deductible cash, check, or credit card gift to go towards WellShare’s Community Health Workers.*

$25 Allows for **one exercise class** for Somali elders taught by a WellShare Community Health Worker.

$40 Pays for one **Community Health Worker home visit** where three Somali women can learn about breast cancer prevention.

$200 Buys a **bicycle for a village health worker** to reach rural communities in Uganda and Tanzania.

$250 Allows our CHWs to jump-start healthy habits by distributing **pedometers** to the Twin Cities’ Somali Community.

$500 Trains **20 Traditional Birth Attendants** in Tanzania in safe delivery antenatal care and referral services.

$500 Pays for the distribution of **250 Somali Health Calendars** which support the work of the Somali Child Spacing Project’s Community Health Workers.

$600 Supports one **Survive and Thrive Group** — young Tanzanian women learning about maternal and child health issues in East African villages for one year.

$5,000 Supports Community Medicine Distributors to implement **malaria prevention and treatment activities** in their district.
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